REQUEST FOR CHANGE OF ADDRESS

Issued under P.A. 281 of 1967. Filing is voluntary.

If you moved since you filed your last year's income tax return, complete this form.

Enter all information as it appears on your tax return. Please print in the spaces provided below.

Filer's First Name and Middle Initial	Last Name	Filer's Social Security Number
1	1	
If a Joint Return, Spouse's First Name and Middle Initial	Last Name	Spouse's Social Security Number
, , , , , , , , , , , , , , ,	, , , , , , , , , , , , , ,	
Address (No., Street, P.O. Box or Rural Route)		
l		
City on Town	State ZIP Code	
City or Town	State ZIP Code	
	<u> </u>	
Please mail my refund check to:		
Address (No., Street, P.O. Box or Rural Route)		
City or Town	State ZIP Code	
City of Town	State ZIP Code	
		D. I.
Filer's Signature		Date
Spouse's Signature (if you filed a joint return)		Date
,		

Mail to: Customer Contact Division

Michigan Department of Treasury

430 W. Allegan Lansing, MI 48922